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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (95-16)//
POC/P.C. BISHOP/CAPT/MED-00P (PUBLIC AFFAIRS)/-/TEL:(202)
653-1315/TEL:DSN 294-1315//

RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, FAMILY MEMBERS AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
(950129)-Opportunity for Promotion to Two-Star Expanded
(950130)-NOSTRA Mobile Production Unit Brings Sight to the Fleet
(950131)-Branch Medical Clinic Dallas Struck by Fire
(950132)-Navy, Air Force Team Up to Help Sick Newborns
(950133)-GRAND ROUNDS ABSTRACTS
(950134)-TRICARE Questions and Answers
(950135)-A Joint Parade (para 3)

HEADLINE: Opportunity for Promotion to Two-Star Expanded
BUMED Washington (NSMN) -- The Secretary of the Navy recently lifted restrictions on promotion to O-8 within the Medical Department's four corps. In the past, promotion to rear admiral, upper half, was limited to Medical Corps and Dental Corps officers; this change extends eligibility to Nurse Corps and Medical Service Corps officers.

The first opportunity for a Nurse Corps or Medical Service Corps officer to be selected for their second star will take place with the convening of the FY96 O-8 Selection Board in April 1995.

The board will select the most qualified individual, regardless of corps affiliation, to rise to the rank of O-8. The new policy is designed to provide greater opportunity for promotion among all Medical Department officers, regardless of origin.

-USN-

HEADLINE: NOSTRA Mobile Production Unit Brings Sight to the Fleet
NOSTRA Yorktown, VA (NSMN) -- Envision the "must pack" list for today's soldiers and Sailors prior to an anticipated or emergency deployment. The list might include items such as laser

guided weapons, notebook computers, and satellite communications equipment. In addition, there's other critical equipment to be considered.

One piece of equipment, although common and unsophisticated, has been critical to the success of military operations for many years, and that is the standard issue pair of spectacles. Almost all of the jobs performed by the modern Sailor, from the simplest task to using the most sophisticated electronic warfare equipment, relies heavily on the visual acuity of a human operator and many times on their spectacles.

The Naval Ophthalmic Support and Training Activity is well accustomed to anticipating the ophthalmic needs of the fleet. During Operations Desert Shield and Desert Storm, 431,077 pairs of glasses were produced to meet the needs of the fighting forces; 185,000 pairs of those spectacles were shipped within 48 hours of the request. Lessons learned from that operation and from prior wars dictate that strategic preparation and expedient response times to the ophthalmic demands of the fleet are critical factors in successful mobilization of the armed forces. It was from these and other criteria that the idea of a mobile spectacle fabrication unit was born.

After several months of planning by a seven-person working group at NOSTRA, a prototype mobile fabrication unit was parked on Pier 25 at Naval Station Norfolk earlier this month. During this initial deployment, the mobile unit, operated by three naval opticians from NOSTRA, successfully fabricated more than 150 pairs of spectacles and gas mask inserts for the crews of USS Vella Gulf (CG 72), USS South Carolina (CGN 37) and USS Bainbridge (CGN 25).

Under the guidance of HMC Ned Robertson, mobile unit crew members HM2 Robert Joseph and HM2 Mark Simonelli, spent the first day screening the health records of crew members and sending stock requirements to NOSTRA, located at the Naval Weapons Station in Yorktown. After securing lens stock from NOSTRA, the mobile unit returned to Pier 25 for two days of ship-side spectacle production.

Although still in the developmental stages, the commanding officer of NOSTRA, CAPT H.M. Jamison, MSC, visualizes a promising future for the mobile spectacle fabrication units. Prior to deploying the prototype fabrication unit, many aspects of the operation were explored. The team considered the cost of building a mobile unit, the technical problems of equipment mobility, lens stock and frame supply, waste disposal, and other problems unique to the fabrication scenario. One unexpected problem encountered was a power supply that proved inadequate to operate all required equipment simultaneously.

With the first trial fabrication encounter behind them and a positive response from their customers -- the Sailors aboard the three ships -- the mobile unit's working group has enthusiastically turned to solving the problems encountered on their first mission. The team is looking forward to the next opportunity to increase NOSTRA's support to the fleet by fabricating and fitting eyewear for the shipboard Sailor, first-hand, on the pier.

It is anticipated that ultimately the mobile unit will be able to travel to any location and fabricate single vision and multifocal spectacles for members of the fighting forces at a moment's notice.

Story by HM1 Joe Wolfe

-USN-

HEADLINE: Branch Medical Clinic Dallas Struck by Fire

BMC Dallas (NSMN) -- The Branch Medical Clinic at Naval Air Station Dallas suffered substantial damage from a fire early on the morning of 18 April. The fire, believed to be electrical, caused no injuries and no patient records were lost. The clinic is a branch of Naval Hospital Corpus Christi, TX.

-USN-

HEADLINE: Navy, Air Force Team Up to Help Sick Newborns

NNMC Bethesda, MD (NSMN) -- The Neonatology Intensive Care Unit at the National Naval Medical Center and Andrews Air Force Base's 1st Helicopter Squadron are teaming up to help get critically ill newborns the care they need faster, while saving thousands of dollars.

Pilots from the Air Force squadron are flying a specially trained medical team from NNMC to and from other medical facilities to pick up critically ill newborns, or in such cases as cardiac surgery, fly sick newborns to other facilities for care.

One team of three neonatal staff members trained in air safety and flight physiology is now qualified to conduct air evacs, according to Linda Wisniewski, a neonatal intensive care nurse at NNMC, member of the air evac team and organizer of the official Memorandum of Agreement.

The agreement, signed by NNMC Commander RADM Richard I. Ridenour, MC, and Brig Gen Monroe S. Sams, USAF, commander, 89th Airlift Wing, Andrews AFB, sets guidelines for training and communication between the two facilities.

The three-person transport team is comprised of a neonatology fellow, a neonatology intensive care nurse and a respiratory therapist familiar with the transport incubator and ventilator.

Members of the team are required to take an orientation flight in the helicopter. "We don't want anyone to have to take care of a sick baby the first time they fly," said Wisniewski. "We also need to know who needs to take their Dramamine."

Under the new agreement, an NNMC staff neonatologist can call 1st Helicopter Squadron's flight surgeon directly when air transportation is needed. Once the flight surgeon confirms the need for air evac, help is on the way.

By improving this communication between NNMC and Andrews AFB, the agreement allows for extremely fast reaction times.

"We can get in touch with them (NNMC neonatology) quickly, and they can get in touch with our duty flight surgeon quickly," said Capt John Osarczuk, USAF, a pilot for 1st Helicopter Squadron. "On one of these flights, the helicopter was off the ground four minutes after we received the call from the hospital."

"As soon as we hear anything about a medevac, the word quickly spreads through the squadron and you get a rush of pilots all wanting to fly the mission," said Osarczuk.

The squadron's pilots enjoy the agreement, as it gives them a chance to fly some important missions helping the sick children and their families.

"Helicopter pilots are raised on the idea of search and rescue. That's what we all wanted to do. We (1st Helicopter Squadron) are a DV (Distinguished Visitor transportation) unit. It's an important job, but you just don't get the personal satisfaction out of it unless you're using your skills to help save lives," said Osarczuk.

Although they are among the "best of the best," according to Osarczuk, 1st Helicopter Squadron pilots, like all military pilots, are required to train regularly. By using the air transports as part of this training, 1st Helicopter Squadron pilots are able to help the infants and their families at the same time.

"It gives us a chance to sharpen our skills," said Osarczuk. "Training is vital to our mission, and it's good to be able to help save a life while doing that."

Making the air evac missions possible mechanically was a challenge, but nothing MSgt Doug Davis, USAF, NCOIC of Andrews AFB's Avionics Section, couldn't handle. He explained the problems he had to overcome:

The UH-1N helicopters used by the helicopter squadron were not built to support the power requirements of the special incubator used during flight. The incubator's battery supply will only last for two hours. This cuts it close when a flight to Pittsburgh is one-and-a-half to two hours.

"The incubator that the transport team is using will not operate on less than 120 volts. Our aircraft put out 115-117 volts normally. We can adjust the aircraft inverters to put out 120 volts, but we would have to do that every time they went out," said Davis.

To solve the problem, he located and purchased a variable inverter through local supply channels, had the local sheet metal shop build a box for it, and wired it into a large extension cord.

"Now, a crew member can just plug this into the outlet on the aircraft and adjust the voltage without touching the aircraft equipment," Davis explained.

"The guys get pretty motivated when it's something like this," said Osarczuk. "They understand that it's important and they want to get the job done."

"We work with machines, but the medical team works with something more important -- people's babies. We are proud to help them do that job better."

As of mid-March, the Navy-Air Force team has flown five missions carrying infants to and from Bethesda, Pittsburgh, Patuxent River, MD, and Christiana, DE.

Before the agreement, air transport was obtained through civilian contract with a price tag of as much as \$8,000 per trip. According to Wisniewski, the five medevacs flown so far by 1st

Helicopter Squadron have saved the Department of Defense approximately \$40,000.

National Naval Medical Center patients are not the only ones eligible for this service. On 3 March, a very sick newborn at Walter Reed Army Medical Center needed transport to the National Liver Transplant Center in Pittsburgh. The sooner the baby arrived there, the sooner he could be placed on a donor list. NNMC's neonatology team and the 1st Helicopter Squadron responded.

"We had an Army baby, Navy medical people and an Air Force helicopter and crew. That's true triservice," said Wisniewski, adding, "Babies don't wear uniforms. They wear diapers."

Story by JO3 Roy DeCoster

-USN-

HEADLINE: GRAND ROUNDS ABSTRACTS

CINCPACFLT Pearl Harbor (NSMN) -- Congratulations to HML (DV/PJ) John D. Correa, who was selected as the 1995 Pacific Fleet Sea Sailor of the Year. Correa will travel to Washington, DC, to receive recognition for his selection, including the award of the Navy Commendation Medal and meritorious advancement to Chief Petty Officer. After meeting with the CNO, SECNAV and other dignitaries, he will receive an all expense paid, five-day vacation courtesy of the Fleet Reserve Association.

Later this year, Correa will begin physician assistant training, as he was also selected for the PA Inservice Procurement Program of the Medical Service Corps.

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NRA Alexandria, VA (NSMN) -- Congratulations to LT Myrna E. Mamaril, NC, USNR, who was selected by the Naval Reserve Association as the NRA's Naval Reserve Junior Officer of the Year (Bea Ratner Award for Nurse Corps) for 1995.

Chief of Naval Operations ADM Mike Boorda is scheduled to present the award 15 September during the Junior Officer Development Symposium in Washington, DC.

-USN-

BUMED Washington (NSMN) -- Congratulations to the recipients of the 1994 RADM Mary F. Hall Award for Nursing Publication, which were presented by RADM Joan M. Engel, NC, Director of the Navy Nurse Corps, on 22 March at the Shea-Arentzen Nursing Symposium in San Diego. Engel presented recipients with their certificates and praised their efforts in "taking the extra steps" necessary to publish.

The RADM Mary F. Hall Award for Nursing Publication was established in 1991 to encourage professional publication and to recognize Navy Nurse Corps officers who have positively contributed to the image of nursing. The awards are given annually in three categories: clinical nursing, nursing research, and other topics that describe Nurse Corps activities. Both active duty and Reserve Nurse Corps officers are eligible for these awards. Each submission is read and evaluated by five Nurse Corps officers who carefully weigh the content and

presentation of the information covered. Every year the number and quality of submissions has increased; there were 17 articles/book chapters reviewed by this year's panel.

The 1994 award recipients were:

-- Clinical Nursing (book chapter): LCDR Ann Hotter, NC, USNR-R, for "Securing and Implementing the Clinical Nurse Specialist Role in Critical Care," The Clinical Nurse Specialist Role in Critical Care.

-- Clinical Nursing (article): LT Lori A. Martin, NC, USNR, for "Menkes Kinky Hair Disease," MCN-The American Journal of Maternal Child Nursing, May-June 1994.

-- Nursing Research: LCDR Kevin J. Gallagher, NC, USN, for "Effects of Bathing, Passive Range-of-Motion Exercises, and Turning on Oxygen Consumption in Healthy Men and Women," American Journal of Critical Care, September 1994.

-- Other Topics: CDR Christopher L. Laurent, NC, USN; CAPT Charlene R. Johnston, NC, USN; and LCDR Mary C. Greenwood, NC, USN, for "Competency-based Performance Development," Navy Medicine, July-August 1994.

Honorable Mentions were:

-- Clinical Nursing/Research: LCDR Patricia Gamble, NC, USN, for "Quality Improvement Shows a New Way at Orlando Branch Medical Clinic," Navy Medicine, November-December 1994.

-- Other Topics (book chapter): CDR Nancy J. Lescavage, NC, USN, for "Hawaii's Health Care System: Imparting Ideas for Reform," Health Care Management: State of the Art Reviews.

-- Other Topics (article): CDR Diane M. McNamara, NC, USNR-R, for "Community Computer Networks and the Nurse Manager: A Promising Partnership," Seminars for Nurse Managers, June 1994.

Each of the Award and Honorable Mention recipients should be proud of their contribution to the body of nursing and health care literature. By publishing findings and insights, they have advanced the profession of nursing and truly support our vision that "Navy Nursing is Nursing Excellence."

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NNMC Bethesda, MD (NSMN) -- Congratulations to HM3 Kenneth Austin, evening LPO for Nursing Services at the National Naval Medical Center, who was notified in February that he had been accepted to three different medical schools. He also applied for and was granted a Health Professions Scholarship.

Austin entered the Navy in March 1993 as a way to his goal of becoming a physician. He did well in boot camp and was offered his choice of "A" school; he chose hospital corpsman. He wanted Bethesda as his first duty station, so when he got to "A" school in San Diego, he asked how to get orders here. By graduating number 1 in his class, he again got to choose, and Bethesda was among the choices.

Once at Bethesda, and settled into his work routine -- "I was very lucky to be able to go to school at night and still do my job. After all, the job comes first," he said -- he took the necessary classes and got his paperwork in order to apply for medical school. He was accepted by three schools.

He had also applied for the Armed Forces Health Professions

Scholarship Program. He was turned down -- the first time. But he had sent his package in early and had time to resubmit it. "I didn't have all the letters I needed, and I didn't realize how important other people's input was," said Austin. "Everyone kind of bent over backwards to help me get what I needed, giving me that vote of confidence, from the command master chief, to the career counselors, even the admiral."

Austin begins his studies at the University of Louisville this summer, with not only the Navy scholarship but also an academic scholarship from the university. And his life-long dream is about to become a reality. "I never expected this type of success. It was a difficult process, and now that I've gotten over most of the hurdles, good things are beginning to happen. It's almost too good to be true."

Austin credits his success to the people in his directorate, "CAPT Carney and especially CAPT Huber. They told me not to give up and were very instrumental in keeping me motivated and pointing me in the right direction. I'm forever grateful to them."

"The Navy has been good to me in helping me achieve my goals, and I am proud to serve my country."

Condensed from a story by JO2 Sue Roland

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NMHCC Washington, DC (NSMN) -- Astra Merck Inc. and the National Managed Health Care Congress (NMHCC) announced the winners of the third annual Partnership Awards on 3 April. The Awards honor employers and their health care providers from across the country who collaborated to improve health care costs and quality. Presented at the seventh annual National Managed Health Care Congress, the nation's leading managed care conference, the Awards highlight innovative health care solutions achieved through partnerships between organizations.

"The award winning organizations know that providing health care in the 1990s means finding innovative solutions, focusing on long-term employee health and emphasizing quality, access and cost control," said Wayne Yetter, president and chief executive officer of Astra Merck Inc. "In fact, these partnerships have shown that health care reform has begun from the ground up with the delivery of quality managed health care at the employer level." The goal of the Partnership Awards is to both search out and recognize significant managed care partnerships that have shown measurable improvement in both the quality and cost-effectiveness of health care delivery.

"The Partnership Awards make an important statement about the future of managed care in this country," said Henry Waxman, California Congressman, keynote speaker at the NMHCC meeting. "To make managed care effective, both in reducing costs and providing quality care, organizations and health care providers need to work together, like these Award winners, to find solutions and create new ways to deliver health care to Americans." The recipients of this year's Awards represent a variety of business areas and offer a number of innovative solutions regarding effective health care management.

Among this year's companies honored by the Congress was Tricare Tidewater Project/Department of Defense -- Blue Cross Blue Shield of South Carolina, which received an honorable mention.

A compendium of best practices is created and made available, featuring case histories from the Partnership Award winners, honorable mentions and distinguished partners. Award recipients received an engraved award and charitable donations of \$2,500 (winners) and \$1,000 (honorable mentions) to the charity or community service of their choice. Tricare Tidewater donated its award to the American Cancer Society.

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HEADLINE: TRICARE Questions and Answers

BUMED Washington (NSMN) -- As TRICARE begins coming on line across the country, questions are coming up. We have answers. Look for TRICARE Questions and Answers in Naval Service Medical News on a recurring basis. If you have questions you'd like addressed in future articles, send them in (see this message's last paragraph on ways to do so).

Q: Do people on TRICARE Extra or Standard have to get a non-availability statement for any outpatient services? Is there a listing available of these services?

A: Yes. There are 14 outpatient services that require non-availability statements under the CHAMPUS regulations. The CHAMPUS regulations are in effect under the TRICARE concept. A listing of the types of outpatient procedures requiring a non-availability statement can be found in the CHAMPUS Handbook, which can be obtained from your local military facility's Health Benefits Advisor.

Q: If those using TRICARE Extra and Standard still must get non-availability statements from the service center, doesn't it create just another bottleneck in the system? Aren't we going to experience the same types of delays that already occur? The information, after all, still has to come from the military medical treatment facility.

A: The idea of the service center is to improve customer service by offering "one-stop shopping" for appointments, claims assistance and help in obtaining a non-availability statement when required. The contractor is a partner in the issuance of non-availability statements, providing personnel to assist in the process and reduce any delays that patients may have experienced in the past. The goal is to improve the process and facilitate the requirement for medical necessity review of the requested procedure.

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3. Events, observances and anniversaries, 23 April - 3 May, and month of May observances:

23-29 April: National Volunteer Week (202/223-9186, x146)

24 April: Medical Enlisted Commissioning Program board convenes

24 April 1800: Library of Congress established

24-28 April: Electroneurodiagnostic (END) Technologists

Week (712/792-2978)

25 April: Morning (0600-0800) and Night (until 2200)
Detailing (times are for Washington DC)

25 April 1945: United Nations organized
26 April: Professional Secretaries Day
27 April: Take Our Daughters To Work Day "A girl is
watching. What is she learning?"
27 April: Yom Hoshoah/Holocaust Remembrance Day
28 April: Arbor Day
29-30 April: March of Dimes WalkAmerica (914/997-4622)
30 April 1970: Vietnam War ends with fall of Saigon
30 April: E-9 Evals Due

MAY

Asian-Pacific Heritage Month
National Physical Fitness and Sports Month (202/272-3427)
National Arthritis Month (404/872-7100, ext. 6343)
National Asthma and Allergy Awareness Month (1-800-878-4403)
National Clean Air Month (American Lung Association
(212/315-8700)
Better Hearing and Speech Month (301/897-5700)
National Sight-Saving Month (1-800-331-2020)
Better Sleep Month (703/683-8371)
Correct Posture Month (American Chiropractic Association, 1-
800-986-4636)
National Digestive Diseases Awareness Month (202/544-7497)
National High Blood Pressure Month (301/251-1222)
Huntington's Disease Awareness Month (1-800-345-HDSA or
212/242-1968)
National Melanoma/Skin Cancer Detection and Prevention Month
(Department of Communications, American Academy of Dermatology,
930 N. Meacham Rd., Schaumburg, IL 60173)
National Mental Health Month (703/684-7722)
National Neurofibromatosis Awareness Month (1-800-323-7938)
National Stroke Awareness Month (American Heart Association:
1-800-553-6321; National Stroke Association: 1-800-STROKES)
Older Americans Month (202/401-4541)
National Trauma Awareness Month (1-800-556-7890)
National Bike Month -- "A Fun Way to Stay Healthy"

1 May, 0001: Naval District Washington shifts to summer
uniform

1 May: Law Day USA

1-7 May: Public Service Recognition Week

-more-

HEADLINE: A Joint Parade

AHA Chicago (NSMN) -- A Joint Parade is a one-mile,
noncompetitive walkathon in support of orthopaedic research and
education programs nationwide. The symbolic walk is a chance for
recovered orthopaedic patients, their friends and family members
to celebrate their new mobility and improved quality of life due
to orthopaedic care.

On 6 or 7 May, Joint Parades across the country are
sponsored by the American Academy of Orthopaedic Surgeons, the
American Orthopaedic Association and the Orthopaedic Research and

Education Foundation (OREF). Half of the money raised at each walk site stays in the local community to fund area orthopaedic research, education and patient service programs. The remaining half goes to OREF to fund peer-reviewed research grants and educational programs across the country.

For more information, contact Mara S. Lazar or Amy Burrell, Orthopaedic Research and Education Foundation, 6300 N. River Rd., Suite 700, Rosemont, IL 60018-4260; 1-800-TEL-OREF (1-800-835-6733).

Information provided by the American Hospital Association

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4. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS ITEMS OF MEDICAL DEPARTMENT OR BENEFICIARY INTEREST (IN STORY FORMAT) BY TELEPHONE, FAX OR E-MAIL TO BUMED, ATTN: EDITOR, NAVAL SERVICE MEDICAL NEWS (MED 00P2). TELEPHONE (202) 653-0793, DSN 294-0793. FAX (202) 653-0086, DSN 294-0086. E-MAIL NMC0ENL@BUMED10.MED.NAVY.MIL//

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